

MAYOR MARION S. BARRY, JR. SUMMER YOUTH EMPLOYMENT PROGRAM



INCIDENT REPORT FORM

This report is to be completed by the worksite Supervisor within 24 hours of the incident. This form is a confidential, internal document and is not to be shared with persons who are not employees of the Department of Employment Services.

Host Agency: _____

Date of Incident: _____

Worksite: _____

Worksite Supervisor: _____

Name of person(s) Involved: _____

Describe how the incident occurred (Include facts only; exclude opinions and/or assumptions):

Witness(es): (Title: Supervisor, Youth, etc) and Telephone number:

1. _____

Phone: _____

2. _____

Phone: _____

Other remarks:

Name of person completing this form: _____ Date: _____